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CONFIRMATION NO. 7211

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|---|---|-------------------------------|---|-------------------------------------|
| SERIAL NUMBER 09/229,283 | FILING OR 371(c) DATE 01/13/1999 RULE | CLASS 536 | GROUP ART UNIT 1642 | ATTORNEY DOCKET NO. 48012 |
| APPLICANTS DAVID E. FISCHER, NEWTON, MA; ** CONTINUING DATA ***** This appln claims benefit of 60/071,420 01/14/1998 ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/16/1999 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>EM</i> Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> | | STATE OR COUNTRY MA | SHEETS DRAWING 5 | TOTAL CLAIMS 12 |
| | | | INDEPENDENT CLAIMS 3 | |
| ADDRESS 40679 | | | | |
| TITLE USE OF MICROPHTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR TREATMENT OF MELANOMA | | | | |
| FILING FEE RECEIVED 890 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |